

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002994

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

273
FILED FEB 14 1962

23

DATE
OF
BIRTH

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		c. CITY OR TOWN Dornea	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy. 61 South		d. STREET ADDRESS (If outside, give location) Hwy. 61 South	
3. NAME OF DECEASED (Type or print) First Ruth Middle Ardith Last Overton		4. DATE OF DEATH Month 2 Day 4 Year 62	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) Fulton County, Ky.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sam Overton		13b. MOTHER'S MAIDEN NAME Hattie Blassgim	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Sam Overton, Dornea, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fracture DUE TO (b) neck left pelvis crushed DUE TO (c) Chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Impact Collision		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Impact Collision between 2 cars	
20c. TIME OF INJURY 2:30 Hour 2 Min. 30 p.m.	Month, Day, Year 2-4-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy #61	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION OLD APPLETEN	20f. COUNTY Perry	
21. I attended the deceased from Coroner of Perry County, Mo. to Coroner of Perry County, Mo. last saw her alive on Coroner of Perry County, Mo.		21. Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Coroner of Perry County, Mo.		22b. ADDRESS Perry, Mo.	
22c. DATE SIGNED 2/5/62		22d. DATE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-7-62	23c. NAME OF CEMETERY OR CREMATORY W.O.W. Cemetery	23d. LOCATION (City, town, or county) - East Prairie, Mo.
24. FUNERAL DIRECTOR Young & Sons		25. DATE RECD. BY LOCAL REG. 2-6-62	
ADDRESS Perry, Mo.		26. REGISTRAR'S SIGNATURE Joe J. Zeller	

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edward Young*

Licensed Embalmer No. 2138

P. O. Address *Berryville mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.